

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: 2002

MI069V02

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHA Name: Sturgis Housing Commission

PHA Number: MI069001

PHA Fiscal Year Beginning: (mm/yyyy) 10-2002

PHA Plan Contact Information:

Name: Janet A. Eagan, Executive Director

Phone: 616-651-8772

TDD:

Email (if available): Maplet@gte.net

Public Access to Information

**Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)**

Main administrative office of the PHA

PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

Main administrative office of the PHA

PHA development management offices

Main administrative office of the local, county or State government

Public library

PHA website

Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

Main business office of the PHA

PHA development management offices

Other (list below)

PHA Programs Administered:

Public Housing and Section 8

Section 8 Only

Public Housing Only

Annual PHA Plan Fiscal Year 2002

[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

Contents	<u>Page #</u>
Annual Plan	
i. Executive Summary (optional)	
ii. Annual Plan Information	1
iii. Table of Contents	1
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	
2. Capital Improvement Needs	2
3. Demolition and Disposition	2
4. Homeownership: Voucher Homeownership Program	3
5. Crime and Safety: PHDEP Plan	4
6. Other Information:	
A. Resident Advisory Board Consultation Process	4
B. Statement of Consistency with Consolidated Plan	4
C. Criteria for Substantial Deviations and Significant Amendments	
5-6	
Attachments	
Attachment A : Supporting Documents Available for Review	7-10
Attachment B: Capital Fund Program Annual Statement	11-14
Attachment C: Capital Fund Program 5 Year Action Plan	15-17
Attachment : Capital Fund Program Replacement Housing Factor Annual Statement	
Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan	18-25
Attachment D_: Resident Membership on PHA Board or Governing Body	26
Attachment E: Membership of Resident Advisory Board or Boards	27
Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
Other (List below, providing each attachment name)	
Attachment F: Deconcentration and Income Mixing	

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Yes No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 86,470.

C. Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment C

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component ; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition Disposition
3. Application status (select one) Approved Submitted, pending approval Planned application

4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one) Part of the development Total development
7. Relocation resources (select all that apply) Section 8 for units Public housing for units Preference for admission to other public housing or section 8 Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

- A. Yes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA’s estimated or actual (if known) PHDEP grant for the upcoming year? \$

- C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. Yes No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name)
3. In what manner did the PHA address those comments? (select all that apply)
 - The PHA changed portions of the PHA Plan in response to comments
 - A list of these changes is included
 - Yes No: below or
 - Yes No: at the end of the RAB Comments in Attachment ____.
 - Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment ____.
 - Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency
 - Yes No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

C. Criteria for Substantial Deviation and Significant Amendments

2. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and

Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

We had many problems with kitchen drains backing up. We received a quote for having all the kitchen drains cleaned. Total cost for this was \$5,150.

B. Significant Amendment or Modification to the Annual Plan: To the best of my knowledge there will be no changes to policies or activities described in the Annual Plan from the previous year.

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Schedule of flat rents offered at each public housing development check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing § 504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency

	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) check here if included in the public housing A & O Policy	Pet Policy
	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

ATTACHMENT B CAPITOL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name:Sturgis Housing Commission		Grant Type and Number Capital Fund Program: MI33P06950102 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant:2001
Original Annual Statement		Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)			
Performance and Evaluation Report for Period Ending:		Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	92,843			92,843
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)				

21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Sturgis Housing Commission		Grant Type and Number Capital Fund Program #: MI33P06950102 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2002		
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	
MI069	Dwelling structure-elevator replacement	1460	1	86,470.				
	GRAND TOTAL			86,470.				

Annual Statement/Performance and Evaluation Report							
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)							
Part III: Implementation Schedule							
PHA Name: Sturgis Housing Commission		Grant Type and Number Capital Fund Program #: MI3306950102 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates		
	Original	Revised	Actual	Original	Revised	Actual	
MI069							

ATTACHMENT C**Capital Fund Program 5-Year Action Plan**

Complete one table for each development in which work is planned in the next 5 PHA fiscal years.
 Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
Original statement	Revised statement	
Development Number	Development Name (or indicate PHA wide)	
MI069	Sturgis Housing Commission	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
1. Replace both elevators	200,000	2002
2. Replace water shut-off valves	35,000	2002
3. Convert two (2) existing toilets to meet ADA standards, convert from Men/Women to Public/Employees with entry to employees from receiving area.	45,000	2002
4. Convert water heater from electric to gas; current water heater is in need of priority replacement.	75,000	2002
5. Replace in each resident apartment – lower cabinets, upper cabinets, and countertop. Convert required number of units to meet ADA standards.	140,000	2002
6. Window treatments – common areas	10,000	2003
7. Install lawn sprinkling system	14,000	2003
8. Replace roofing	130,000	2004
9. New double doors on maintenance department and receiving area	4,000	2003
10. Parking lot improvements, add 4 new parking spots.	6,100	2003
11. Renovation of Community Kitchen to include locked pantry and new appliances. Activities Room with new furnishings, Meeting Room, and Storage Closets (approx. 1400 s.f.)	125,000	2004
12. New fire alarm system for the entire building including local unit for apartments	30,000	2003
13. Upgrade emergency electrical panel board feed	5,000	2004
14. Clean and refurbish main electrical distribution panel	6,300	2005
15. Replace each resident entry, complete with new frames and new hardware	60,000	2006
16. New nurse call system, adding call station in kitchen of each unit	32,000	2003
17. New corridor exit lights and new fluorescent fixtures that are located in corridors, activity room and offices.	10,000	2005
18. Replacement of twenty two (22) roof exhausters as they fail	44,000	2006
19. Replacement of two (2) air conditioner units as they fail.	3,000	2006
20. Replace current generator with a natural gas one and provide automatic transfer switch. Replacement of generator should be prioritized.	35,000	2004
Small PHA Plan Update Page 27 Table Library		

Total estimated cost over next 5 years	1009,400.	
---	------------------	--

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an "x") N1 _____ N2 _____

R _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

12 Months _____ **18 Months** _____ **24 Months** _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extens

ions or waivers. For grant extensions received, place “GE” in column or “W” for waivers. Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extension s or Waivers	Grant Start Date	Grant
---	------------------------------	---------	--	---------------------------------------	---------------------	-------

Term End Date **FY 1995** **FY 1996** **FY 1997** **FY1998** **FY 1999**

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring **and evaluating PHDEP-funded activities**. This summary should not exceed 5-10 sentences.

B. PHD

EP Budget Summary	
Enter the total	
Amount of PHDEP funding allocated to each line item.	
FFY _____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
	9110 – Reimbursement of Law Enforcement
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	

9170 - Drug Intervention **9180 - Drug Treatment** 9190 - Other Program Costs

TOTAL PHDEP FUNDING

PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not

# of Persons Served	Target Population	Start Date	Expected Complete Date	
---------------------	-------------------	------------	------------------------	--

PHEDEP Funding O

ther Funding (Amount/ Source)					Performance Indicator		
s	1.						
					2.		
		3.					
		9115 - Special Initiativ e	Tot al PH DE P Fu ndi ng: \$		Goal(s)		Objectives
		Propose d Activiti es	# of Per son s Ser ve d	Targ et Popu latio n	Start Date	Expected Complete Date	

PHEDEP Funding Oth

er Funding (Amount/ Source)				Performance Indicators1			
.							
			2.				
	3.						
	911 6 - Gu n Bu yba ck TA Ma tch	Total PHDEP Funding: \$		Goal(s)			Objectives
Small PHA Plan Update Page 27							
	Pro pos ed Act	# of Persons Served	Tar get Po nul	Start Date	Exp ecte d Co		

3.							
9120 - Security Personnel	Total PHDEP Funding: \$		Goal(s)			Objectives	
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date			

PHEDEP Funding Ot

her Funding (Amount /Source)					Performance Indicators1.		
		2.					
3.							
9130 – Employment of Investigators	Total PHDEP Funding: \$		Goal(s)			Objectives	
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date			

PHEDEP Funding Other

Funding (Amount /Source)					Performance Indicators1.		
		2.					
3.							
9140 – Voluntary Tenant Patrol	Total PHDEP Funding: \$		Goal(s)			Objectives	
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date			

PHEDEP Funding Ot

her Funding (Amount /Source)				Performance Indicators			
1.				2.			
	3.						
	9150 - Physical Improvements	Total PHDEP Funding: \$		Goal(s)			Objectives
	Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date		

PHEDEP Funding Ot

her Funding (Amount /Source)				Performance Indicat			
ors	1.				2.		
			3.				
			9160 - Drug Prevention	Total PHDEP Funding: \$		Goal(s)	
Objectives			Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date

PHEDEP Funding Ot

her Funding (Amount /Source)				Performance Indicato			
rs	1.				2.		
			3.				

			91 70 - Dr ug Int erv ent ion	Total PHDEP Funding : \$		Goal(s)	
Objectives			Pr op ose d Ac tivi ties	# of Persons Served	Target Populatio n	Start Date	Expected Complete Date

PHEDEP Funding Ot

her Funding (Amount /Source)					Performance Indic		
ators	1.						
					2.		
			3.				
			91 80 - Dr ug Tr eat me nt	Total PHD EP Fund ing: \$		Goal(s)	
Objectives			Pr op ose d Ac tivi tie s	# of Perso ns Serve d	Target Populat ion	Start Date	Expected Complete Date

PHEDEP Funding Oth

er Funding (Amount /Source)					Performance Indicator		
s	1.						
					2.		
			3.				

			91 90 - Ot her Pr ogr am Co sts	Total PHD EP Fund s: \$		Goal(s)	
Objectives			Pr op ose d Ac tivi ties	# of Perso ns Serve d	Target Populati on	Start Date	Expected Complete DatePHEDEP Funding

Other Funding

(**Amount** / Source) Performance Indicators 1. 2. 3.

Required Attachment _D_: Resident Member on the PHA Governing Board

1. ☐ Yes ☐ No: Does the PHA governing board include C.
at least one member who is directly assisted by the PHA this year? (if ☐ no, skip to #2)

Name of resident member(s) on the governing board: Ricard Provencher

How was the resident board member selected: (select one)?
☐ Elected

☒ Appointed

C. The term of appointment is (include the date term expires): 2000-2006 formtext

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their

interest to participate in the Board.

☐ E. Other (explain):

B. Date of next term expiration of a governing board member: 2003

Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Required Attachment __E____: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Dorothy Houck

Elsie Kuhl

George Koomler

Mary Lou LaFeyre

June Loerch

Edith Myers

Nellie Riddle

Nadine Potter

Karen Underwod

Attachment F:

Comonent 3, (6) Deconcentration and Income Mixing

a. ☐ Yes ☐ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? Ifno, this section is cmplete.
If yes, continue to the next question.

b. ☐ Yes ☐ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such develo

pments? If no, this section is complete.			
If yes, list these develop ments as follows:		Development Name:	Number of Units
Deconcentration Policy for Covered Developments			
Explanation (if any) [see step 4 at §903.2(c)(1)((iv)]	Deconc ent		

ration policy (if no explanation) [see step 5 at

§903.2(c)(1)(v)]
